



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E360539**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>14-02371</b>	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION		
DATE OF COLLISION	<b>09</b> - <b>25</b> - <b>2014</b>	TIME (2400) <b>1530</b>
COUNTY #	<b>31</b>	MILES <b>0664</b>
CITY #		

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		
STATE ROUTE <b>204</b>	BLOCK NO.	
DISTANCE <b>0</b> MILES <b>0</b> FEET	OF (REFERENCE OR CROSS STREET) <b>TENTH STREET</b>	MILE POST

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	<b>PERRY</b>	FIRST NAME	<b>JOSHUA</b>	MIDDLE INITIAL	<b>M</b>
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STREET NEW ADDRESS	<b>1611 VERNON RD</b>				
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982588512</b>
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>PERRYJM038RA</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>12</b> - <b>01</b> - <b>1997</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>3</b>	RESTR. <b>9</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>A0J5913</b>	STATE	<b>WA</b>	VIN#	<b>4F2YU8B91KM67150</b>
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>2001</b>	MAKE	<b>MAZD</b>	MODEL	<b>TRIBUT</b>	STYLE	<b>UT</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **JOSE PERRY 14930 PALMER LN SE TENINO WA 98589**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>SAFECO H1807608</b>
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	<b>ARNOLD</b>	FIRST NAME	<b>MEGAN</b>	MIDDLE INITIAL	<b>L</b>
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STREET NEW ADDRESS	<b>118 NOBLE WAY</b>				
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CITY	<b>GRANITE FALLS</b>	ST	<b>WA</b>	ZIP	<b>98252</b>
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>ARNOLML105Q1</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>11</b> - <b>21</b> - <b>1990</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>7</b>	NATURE OF INJURIES <b>HEAD AND NECK PAIN</b>
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LICENSE PLATE #	<b>APR4423</b>	STATE	<b>WA</b>	VIN#	<b>1FM5K888XEG80214</b>
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>2014</b>	MAKE	<b>FORD</b>	MODEL	<b>EXPLORE</b>	STYLE	<b>2W</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **TIM ARNOLD 5325 123RD PLACE NE MARYSVILLE WA 98271**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>GEICO 4226378364</b>
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	<b>R. RUTHERFORD</b>	BADGE OR ID #	<b>130</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E360539**

CASE # **14-02371**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

**GLUCK MAXIMILLIAN B**

ADDRESS & PHONE #

**515 119TH AVENUE NE LAKE STEVENS WA 98258**

SEX

**M**

D.O.B.  
MMDDYYYY

**08**

-

**10**

-

**1998**

PASSENGER ☒

WITNESS ☐

UNIT #

**1**

SEAT  
POS.

**3**

AIRBAG

**3**

RESTR.

**9**

EJECT

**1**

HELMET  
USE

**1**

INJURY  
CLASS

**1**

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

**HASKINS MADISON M**

ADDRESS & PHONE #

**118 NOBLE WAY GRANITE FALLS WA 98252**

SEX

**F**

D.O.B.  
MMDDYYYY

**03**

-

**29**

-

**2014**

PASSENGER ☒

WITNESS ☐

UNIT #

**2**

SEAT  
POS.

**5**

AIRBAG

**3**

RESTR.

**5**

EJECT

**1**

HELMET  
USE

**1**

INJURY  
CLASS

**1**

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

-

-

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

On 09/25/2014 at 1531 hours, I was dispatched to a two vehicle non-injury collision. The collision was partially blocking. I contacted both driver's. The driver of vehicle1 indicated that he was S/W on SR204 approaching 10th Street. Vehicle 1 said that vehicle 2 slowed and he didn't have time to stop and rear ended vehicle 2. The driver of vehicle 2 said that she was following traffic flow when a vehicle in front of her slowed to turn onto 10th Street. As vehicle 2 slowed she said she was rear ended. Vehicle 2 driver said that she was having head and neck pain. Aid was called and they transported her to Providence Medical Center for evaluation. The infant child was picked up by grandparents. Vehicle 2 was driven from the scene. Vehicle 1 was left at the scene off the roadway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**09-25-14 10:48 PM**

DATED

PLACE SIGNED

APPROVED BY

**BOB SUMMERS 079**

DATE

**9/30/2014 2:27:20 AM**

BADGE OR ID #

**130**

ORI #

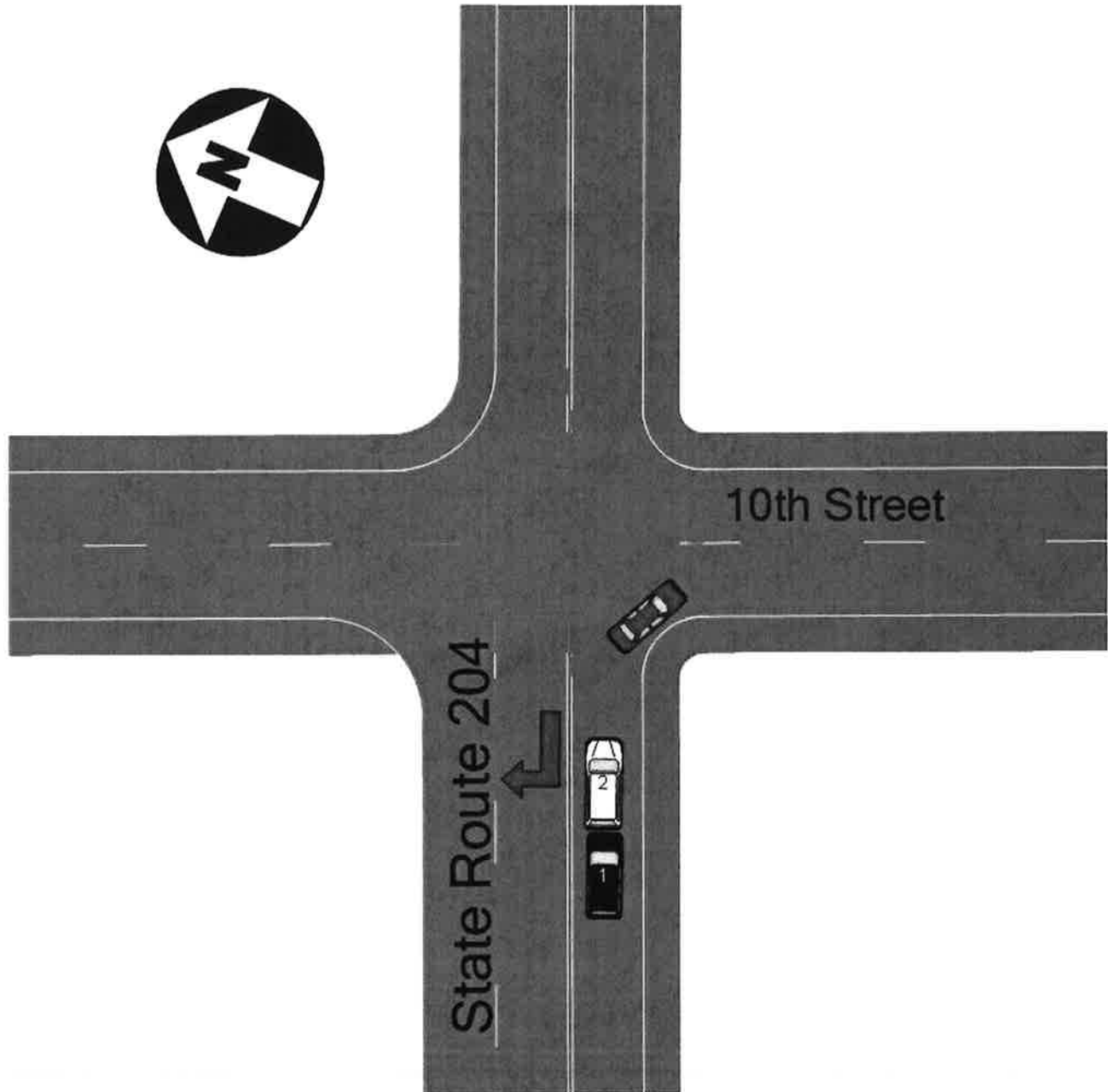
**WA0311900**

TIME POLICE DISPATCHED

**3:30 PM**

TIME POLICE ARRIVED

**3:34 PM**



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Perry, Josh, MK	RACE White	ETH	SEX M	DOB	AGE 16	HGT 6'1"	WGT 150	HAIR Brown	EYES Blue
STREET ADDRESS		CITY			STATE		ZIP		RES. STATUS	
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE 425-344-2831		EMAIL ADDRESS joshperry3009@gmail.com								

I, Josh Perry, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving to work on ~~SR~~ 209 to event and the car in front of me slammed on their brakes and I couldn't stop quick enough and hit the car in front of me.

*[Signature]*

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Josh Perry</i>	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education."

PAGE \_\_\_ OF \_\_\_

**ORIGINAL**

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Rutherford #130</i>			Case Number <i>14-02371</i>	
Type of Crime: <del>T</del> Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>			Date/Time:	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification				

Item #  Action #	Item <i>CD</i>	Brand Name <i>Compassionate</i>			Storage Location	Disposition	
	Brand/Model/Caliber <i>Collision PICS</i>						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#130</i>							

Item #  Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #  Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #  Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item #  Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

**Evidence Control Use Only:**

Received by Evidence: \_\_\_\_\_ NCIC/WACIC ☒ Date: \_\_\_\_\_ CAD/RMS Checked \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_ NCIC/WACIC + Date: \_\_\_\_\_ Owner Letter Sent: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ NCIC/WACIC - Date: \_\_\_\_\_ Owner Letter Sent: \_\_\_\_\_

**ROUTING:** \_\_\_\_\_

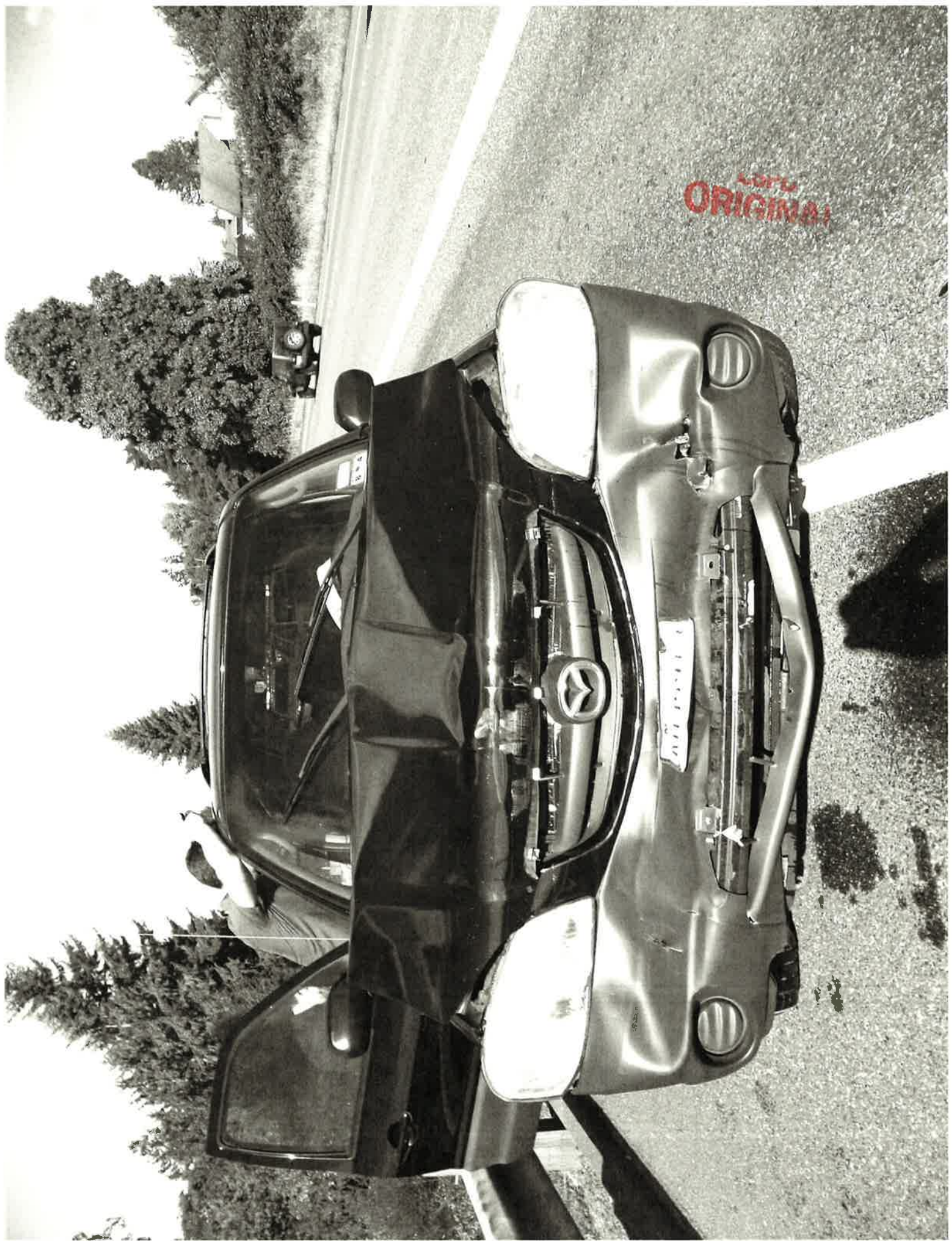
White: Property Room

Yellow: Case File

ORIGINAL



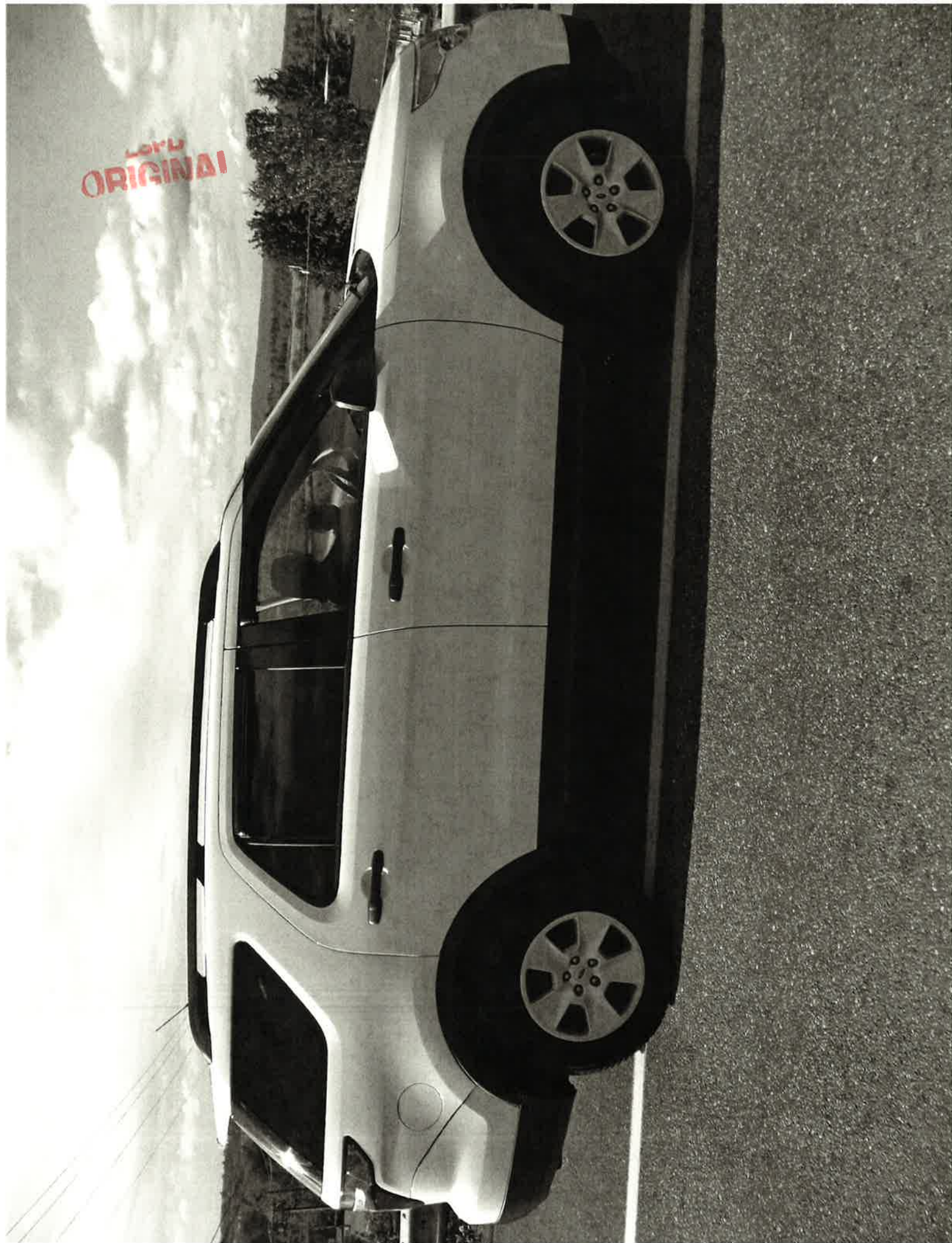
LOFT  
ORIGINAL







WORLD  
ORIGINAL

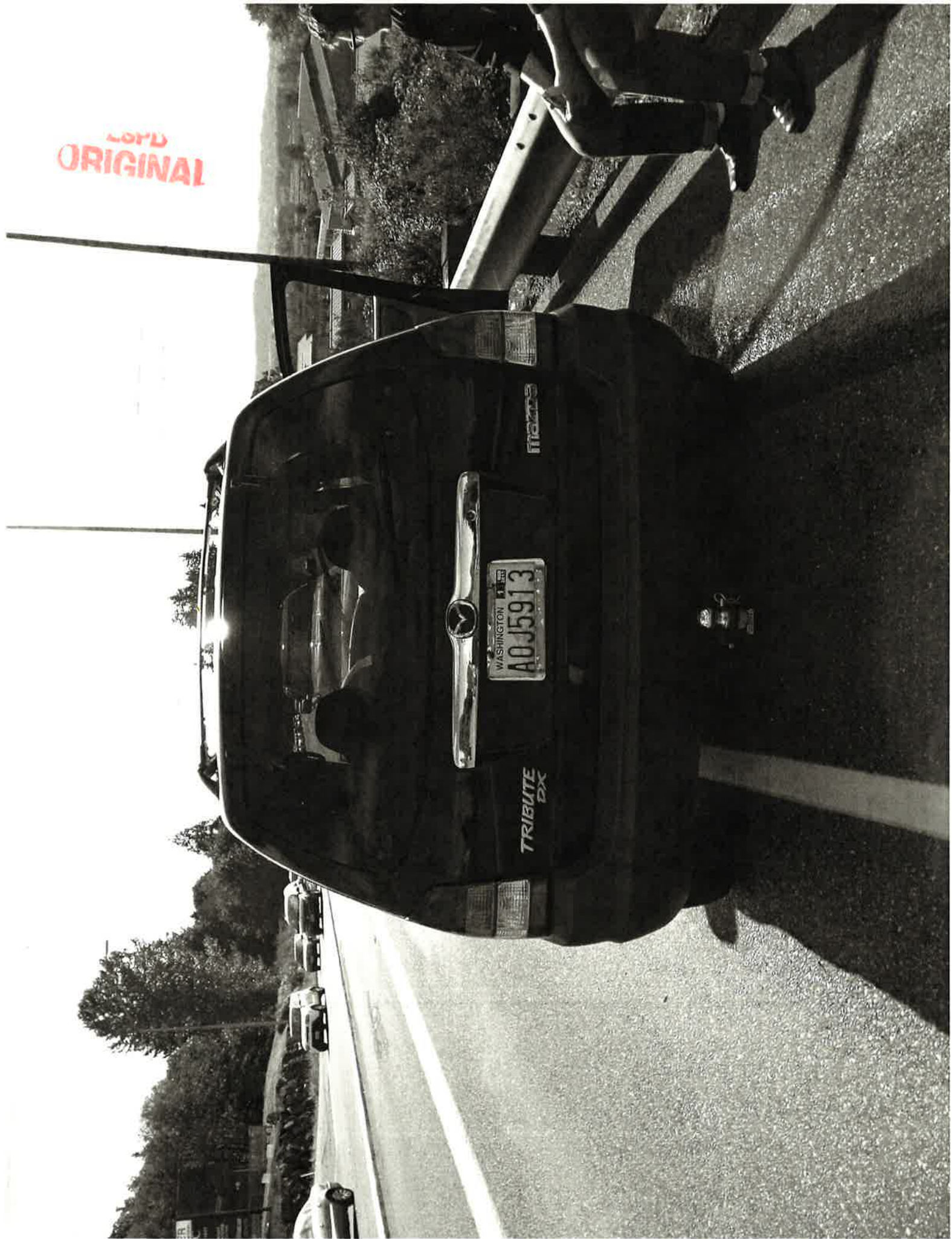




LSPD  
ORIGINAL



LORD  
ORIGINAL







**LORD  
ORIGINAL**



Incident History for: #SS14018797 Xref: #AG14002747

Case Numbers: \$\$\$14002371

Entered 09/25/14 15:30:41 BY SPCT07 SP0383

Dispatched 09/25/14 15:31:03 BY SPDP17 SP0166

Enroute 09/25/14 15:31:03

Onscene 09/25/14 15:34:11

Closed 09/25/14 16:20:33

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397B-3 Group: SS1 Beat: SOUT

Src: T

Loc: 10 ST SE/SR 204 , LKS (V)

Loc Info: ON SR 204

Name: HARRY , JOSHUA

Addr:

Phone: 4253442831

/1530 (SP0383) ENTRY , CC, NOW, 2 VEH, NO INJUIRES, BLOCKING  
/1530 (SP0166) MISC , BRCST  
/1531 DISPER 19D1 #SS105 IRWIN, OFFICER (DENNIS)  
/1531 ASSTER 19R1 #SS130 RUTHERFORD, OFCR (RICH)  
/1531 (SP0383) SUPP LOCI: ON SR 204,  
TXT: VEH: MAZDA VS. WHI FORD PC RT HAND WB LANE  
/1532 SUPP NAM: HARRY , JOSHUA,  
PHO: 4253442831  
/1534 (SP0166) ONSCNE 19R1  
/1534 ASSTOS TRAN14 [10 ST SE/SR 204 , LKS]  
#C1518 HOSTETTER, DEPUTY (JOSH)  
/1534 ASSTOS TRAN19 [10 ST SE/SR 204 , LKS]  
#C1506 YILMAZ, DEPUTY (JACK)  
/1535 MISC 19R1 , FEMALE W/NECK PX, INFANT FOR EVAL  
/1536 (\*\*\*\*\*) REMINQ 19R1 APR4423  
/1536 (SP0166) REMINQ 19R1 LIC, 19R1, APR4423, , ,  
/1536 (\*\*\*\*\*) REMINQ 19R1 AOJ5913  
/1536 (SP0166) REMINQ 19R1 LIC, 19R1, AOJ5913, , ,  
/1537 CROSS #AG14002747  
/1537 (C1506 ) \*CLEAR TRAN19 D/AIT  
/1542 (SS130 ) \*MISC 19R1 , VEH 1 DRIVER PERRY, JOSHUA M K 120197, AOJ5913  
PASSENGER GLUCK MAXIMILLIAN B 081098. VEH 2 ARNO  
LD, MEGAN L112190. APR4423, GEICO 4226378364.  
/1542 REMINQ 19R1 MDTVEH, AOJ5913, , WA, , , , , , , , ,  
/1549 (SP0380) ASNCAS 19R1 \$\$\$14002371  
/1551 ASSTOS 19D2 [10 ST SE/SR 204 , LKS]  
#SS127 ADAMS, OFFICER (NATHAN)  
/1554 (C1518 ) CLEAR TRAN14  
/1555 (SP0380) ROTREQ 19R1 TOW 5348 LKS SPEEDWAY TOWING INC  
3605635630 , NEXT IMP PVT REQ MITSUBISHI  
/1556 MISC 19R1 , SPEEDWAY TOW ER  
/1559 TRANS 19R1 [PROV]  
/1603 (SS130 ) \*MISC 19R1 , SAFECO INSURANCE #H1807608  
/1607 \*TRANSC 19R1  
/1608 (SP0166) CLEAR 19D2  
/1608 CLEAR 19D1  
/1620 CLEAR 19R1 D/H  
/1620 CLOSE 19R1  
/1630 MISC , SPEEDWAY TOWING WAS CANCELED AND PLACED BACK ON  
TOP OF LIST AT 19D1'S REQ, CANCEL REQ IN 19D1'S  
HX

LSFD  
ORIGINAL